

**New Jersey Department of Health and Senior Services
Cancer Epidemiology Services
PO Box 369
Trenton, NJ 08625-0369**

**FORM B
REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA**

I. Individual and Organization Requesting NJSCR Data

- A. Project Director: _____
- B. Title: _____
- C. Organization: _____
- D. Department/Division: _____
- E. Street Address or PO Box: _____
- F. City, Street and Zip: _____
- G. Telephone No.: _____
- H. Fax No.: _____
- I. Other Contact Person:
- (1) Name: _____
- (2) Telephone No.: _____
- (3) Fax No.: _____

II. Title of Study or Project:

III. Data Requested:

CES USE ONLY

Date Received _____	Date Reviewed _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By _____	Date _____
Date Revision Received _____	Date Reviewed _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By _____	Date _____
IRB Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Estimate: _____	Date Notified: _____
Date Completed: _____	Date Fee Paid: _____
Comments: _____	

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

III. Data Requested

A. Please indicate below the types of data required.

1. Sensitive: _____

Confidential: _____

(See Table 1 of "Access to Registry Data, Policies and Procedures" for a listing of the sensitive and confidential data fields)

2. Year(s) Required: _____

3. Geographic Region: ☐ All New Jersey

☐ Specific Counties: _____

4. Cancer Site(s): _____

Include: In-Situ: ☐ Yes ☐ No

Benign: ☐ Yes ☐ No

Borderline: ☐ Yes ☐ No

5. Ages: ☐ All

☐ Specific Age Group(s): _____

6. Sex: ☐ All ☐ Males ☐ Females

7. Race(s): ☐ All

☐ Specific Race(s): _____

8. Stage(s): _____

9. Additional Specifications: _____

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

IV. Other Organizations Funding or Participating in this Study or Project

- A. Please list the names of all other organizations providing funding or other support for this project and indicate the type of support provided; i.e., grant, contract, cooperative agreement, interagency agreement, other (specify).

Names of Organizations

Type(s) of Funding/Support

- B. List the name of each organization and/or individual that will obtain confidential information from Cancer Epidemiology Services. Include administrative relationships such as consultants, outside nosologists, contractors, subcontractors, sponsoring or participating agencies or organizations, and other major divisions or departments in your organization. Repeat any applicable organizations listed in item IV. A. above. Briefly describe the administrative relationships of each to the applicant.

Names of Organizations or Individuals

Administrative Relationships

V. Summary of Study Protocol or Project Activities

Note: In responding to the following questions, please be as succinct as possible without having to attach your complete study protocol or any detailed descriptions of your project. Detailed background discussions are not necessary. If you require additional space, insert a separate page(s).

- A. Describe the health or medical problem(s) addressed by your study. What are the primary objectives? Include descriptions of hypotheses to be tested. Disease or exposure registries should include the following information: (1) the purpose(s) of the registry and (2) the eligibility criteria for including persons in the registry.

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

- B. Summarize the study protocol or project activities. Indicate how data obtained from Cancer Epidemiology Services will be used.
- C. If applicable, summarize the information already available, or being collected, on the study population. Name the source(s) of the information.
- D. How many persons are included in your study population or sample size?
- E. If submitting records to Cancer Epidemiology Services for matching purposes, how many records are you planning to submit for a search?
-

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

F. Indicate the scheduled end date for the study, or indicate whether the study is open-ended.

G. In what form and to whom will the results of your study or activities be released?

H. If applicable, specify those project activities that will be performed by each participating organization you listed in sections IV. A and IV. B.

Organization

Project Activity

I. Will this study or project require investigators to follow-up and obtain additional information from other sources such as patients or patients' immediate family, patients' next-of-kin, physicians, hospitals, etc.?

☐ Yes ☐ No

If Yes, briefly describe each of the following:

1. Types of follow-up respondents to be contacted:

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

2. Information to be obtained from each type of respondent.

3. Name the organization(s) or consultant(s) who will be contacting each type of respondent.

4. Name the methods to be used in conducting such investigations. Please include how each type of contact will be made.

VI. Maintaining the Confidentiality of Identifying Information

- A. Name the organization(s), including your own, that will be directly receiving the results of this data release.

- B. Describe how your organization will store and maintain the confidentiality of the identifying information received from Cancer Epidemiology Services.

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

C. Disposition of identifying information.

1. How long will you store data obtained from Cancer Epidemiology Services?

2. How and when do you plan to dispose of all identifying information obtained from Cancer Epidemiology Services?

3. If there are no plans to dispose of some or all of the identifying information mentioned above, please explain why.

VII. Other Uses of the Data

- A. Will any of the identifying information obtained from Cancer Epidemiology Services (and/or from follow-up investigations) be used as a basis for legal, administrative, or other actions that may directly affect particular individuals or establishments as a result of their specific identification in this project?

☐ Yes ☐ No

If Yes, please explain:

REQUEST FOR SENSITIVE OR CONFIDENTIAL DATA, Continued

- B. Will the identifying information obtained from Cancer Epidemiology Services (and/or from follow-up investigations) be used for any study or project other than the one described above in Section IV, "Summary of Study Protocol or Project Activities?"

☐ Yes ☐ Maybe ☐ No

If Yes or Maybe, please describe the other purpose(s) for which the data will be used. (Please note that a separate application form must be submitted for each study or project that will be using identifying information obtained from Cancer Epidemiology Services.)

VIII. Types of Data to be Submitted to Cancer Epidemiology Services

If you are submitting records to Cancer Epidemiology Services for matching purposes, at a minimum, the following information is required: First and Last Name, Middle Initial, Sex, and Date of Birth and/or Social Security Number.

In addition, you are encouraged to provide as many of the data items listed below to improve your chances of successfully linking your records to the NJSCR database.

Birthplace, Aliases, Maiden Name, Race, Street Address, City or Town of Residence.

IX. Technical Information About the Data to be Submitted to Cancer Epidemiology Services.

- A. If you are planning to submit data to Cancer Epidemiology Services in order to match records to our data base, please provide the file layout. If you are submitting a magnetic tape reel or cartridge, an IBM standard labeled file is preferred. If you are submitting a floppy diskette, we can read only IBM PC-compatible diskettes.

X. Other Information

- A. If there is any other pertinent information concerning your request that has not been included in this application, please provide it below.
-